This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED
AMOUNT

8/23/23

ALLOCATION NUMBER

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20231 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CABLE ONE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E EARLL DRIVE (Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012-2626 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		SPARKLIGHT MAILING ADDRESS OF CABLE SYSTEM:
	2	1930 BREWER RD.
		(Number, street, rural route, apartment, or sulte number) DYERSBURG, TN 38024 (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	34163
D Area Served	Instructions: List each separate community served by the cable system. A "conseparate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n city.	ed communities within unincorporated areas and including single, discrete at will serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE TN
First Community	FRIENDSHIP	
Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1-	TEM IC
Name	CABLE ONE, INC.	ADEL OTOTEM.						010	3416
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both	pace E should on of television ay cable) in sp (June 30 or De	cover all and radi ace F, n ecember	l categories of s io broadcasts b ot here. All the 31, as the cas	secondary y your sys facts you e may be)	tem to subscrib state must be th	ers. Give i lose existii	nformation ng on the	
Service: Sub- scribers and Rates	down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity s subscriber who pays extra for ca first set" and would be counted of	/ transmission umber of billing ice at the rate i harged for each (Example: "\$2 ounts allowed f in space E, the to their subsc where an ind should be cour ble service to a	service. s in that ndicated h catego 0/mth"). for advar e form lis ribers. G dividual o ted as a additiona	In general, you category (the n l—not the numb ory of service. Ir Summarize an nce payment. sts the categorie sive the number or organization a subscriber in e al sets would be	can comp umber of per of sets iclude bot y standarc es of seco of subscr is receivin each applie included	oute the number persons or orga receiving servi- h the amount of d rate variations ndary transmiss ribers and rate f ig service that fa cable category.	of subscr anizations ce). the charg within a p sion servic or each lis alls under Example:	ibers in charged e and the articular rate e that cable ted category different a residential	
	Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	nas rate catego iers of services	ries for that inc	secondary trans lude one or mo	smission s re second	ary transmissio	ns), list the	em, together ervice is	
		NO. OF					DLOOI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		10	54.00					
	Service to additional set(s) FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are i ns: you c ished to usually t ne cable item furr e was m	mation with res not offered in co do not need to g nonsubscriber billed. If any rate system for eac nished or offered ade or establis	bination give rate in s. Rate inf es are cha h of the a d during th	n with any secon nformation conc formation should urged on a varia pplicable service ne accounting p	ndary trans erning (1) d include b ble per-pro es listed. eriod that y	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	• Pay cable	10.99-19.00		el, hotel	uentiai		STANE	OARD IPTV	67.
	• Pay cable—add'l channel		• Cor	nmercial				L VALUE PACK	
	Fire protection		• Pay	cable			HISPA	NIC TIER	6.
	•Burglar protection		-	[,] cable-add'l cha	annel				
	Installation: Residential			protection					
	• First set	0-90.00		glar protection					
	Additional set(s)	60.00		services:		00.00			
	 FM radio (if separate rate) Converter 			connect connect		90.00			
	CONVENCE		- DISC						
			• Out	let relocation		90.00			

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
Name	CABLE ONE, INC.			
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: relevision	FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried I ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	carriage of certain network progr (e)(2) and (4))]; and (2) certain sta ried by your cable system on a su e Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESI air designation. For example, rep- ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form.	ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATN	25	N	MEMPHIS, TN
	WBBJ	35	Ν	JACKSON, TN
ows as Necessary	WBBJ WBBJ-2	35 35.2	N N-M	JACKSON, TN JACKSON, TN
ows as Necessary		····		
ows as Necessary	WBBJ-2	35.2	N-M	JACKSON, TN
ows as Necessary	WBBJ-2 WLMT-2	35.2 31.2	N-M	JACKSON, TN MEMPHIS, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ	35.2 31.2 13	N-M I-M I	JACKSON, TN MEMPHIS, TN MEMPHIS, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO	35.2 31.2 13 29	N-M I-M I E	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT	35.2 31.2 13 29 27	N-M I-M I E	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT	35.2 31.2 13 29 27 31	N-M I-M I E E I	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC	35.2 31.2 13 29 27 31 5	N-M I-M I E E I N	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2	35.2 31.2 13 29 27 31 5 5.2	N-M I-M I E E I N I-M	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
iows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3	35.2 31.2 13 29 27 31 5 5.2 5.2 5.3	N-M I-M I E E I N I-M	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX	35.2 31.2 13 29 27 31 5 5.2 5.3 33	N-M I-M I E E I N I-M I-M I I	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
iows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX WREG	35.2 31.2 13 29 27 31 5 5.2 5.3 33 28	N-M I-M I E E I N I-M I-M I N I N	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX WREG WATN-2	35.2 31.2 13 29 27 31 5 5.2 5.3 33 28 25.2	N-M I-M I E E I N I-M I-M I N I-M I N I-M	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
iows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX WREG WATN-2 WKNO-2	35.2 31.2 13 29 27 31 5 5.2 5.3 33 28 25.2 29.2	N-M I-M I E E I N I-M I-M I-M I-M I-M E-M	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
iows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX WREG WATN-2 WKNO-2	35.2 31.2 13 29 27 31 5 5.2 5.3 33 28 25.2 29.2	N-M I-M I E E I N I-M I-M I-M I-M I-M E-M	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
ows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX WREG WATN-2 WKNO-2	35.2 31.2 13 29 27 31 5 5.2 5.3 33 28 25.2 29.2	N-M I-M I E E I N I-M I-M I-M I-M I-M E-M	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
iows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX WREG WATN-2 WKNO-2	35.2 31.2 13 29 27 31 5 5.2 5.3 33 28 25.2 29.2	N-M I-M I E E I N I-M I-M I-M I-M I-M E-M	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
iows as Necessary	WBBJ-2 WLMT-2 WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX WREG WATN-2 WKNO-2	35.2 31.2 13 29 27 31 5 5.2 5.3 33 28 25.2 29.2	N-M I-M I E E I N I-M I-M I-M I-M I-M E-M	JACKSON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN

	OWNER OF C	CABLE SY	/STEM:					SYSTEM I 341
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	Н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati this by placing vive the station	the sys be receivent the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter his point, see pag ed by the cable sy e station is licens	dend, and (2) ana, during ce e (v) of the ge estem as a sep ed by the FCC	it can b rtain sta eneral in: parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
JALL SIGN		3/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
								

	d: 2023/1						FOR	M SA1-2E. PAGE 5.
l	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							34163
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non ccounting pe	network televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or aut	horizations.	For a further
Carriage:	1. SPECIAL STATEMENT				generalmea		paper erri	
Special	During the accounting per	-				stwork tolovi	aion progra	m
Statement and		-	ii Cable System	carry, on a substitute bas	any norme			
Program Log	broadcast by a distant stati	ion ?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complet	e the progra	am
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Cam Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	titute progra of every no distant stat gulations, o ies like "mo Bulls." m was broad sign of the s adcast static hadian static th and day ve "5/7." es when the Example: a er "R" if the and regulatio	am on a separa add additional nnetwork telev ion and that your authorization vies" or "basked dcast live, enter station broadca on's location (thons, if any, the when your sys e substitute pro a program carri- listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen etball." List specific program r "Yes." Otherwise enter "h asting the substitute progra he community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra uring the accounting period	program") the d for the pro- eral instruction in titles, for ex- No." am. station is lice station is lice program. Use cable system 15 p.m. to 6: amming that d; enter the left	at, during th gramming or ons for furthe kample, "I Lo ensed by the ntified). e numerals, i. List the tim 28:30 p.m. s your system etter "P" if the	e accountin f another sta er informatio ove Lucy" of e FCC or, in with the mo hould be was require e listed prog	g ation on. r onth ely ed
	was substituted for program effect on October 19, 1976.	nming that y			er FCC rules		ons in	,
	s	UBSTITUT						
1			E PROGRAM		CARR	AGE OCCL	JRRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCL	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	

Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	S	YSTEM ID# 34163
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service amount, see	3,714.73 sss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
540	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form for more information		ts!

Accounting Period:	2023/1							FORM SA1-2E. PAG
Name	LEGAL NAME OF CABLE ONE, I	OWNER OF CABLE SYSTEM	1:					SYSTEM 341
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	You must give (1) the numbers, and (2) the cable system tal number of channels on vied television broadcast sta tal number of activated cha e cable system carried televiadcast services	n's total nu vhich the ca tions nnels rision broad	umber of activa able dcast stations	ated channels duri	ring the ac		16 194
N Individual to Be Contacted		O BE CONTACTED IF FU t about this statement of ac		FORMATION	IS NEEDED (Iden	ntify an inc	dividual to whom	
for Further Information	Name	JENAE HECK					Telephone 602	-364-6092
	Address	210 E. EARLL DRI (Number, street, rural route, a PHOENIX, AZ 850 (City, town, state, zip)	partment, or s					
	Email	JENAE.HEC	K@CABL	EONE.BIZ			Fax (optional 602-364-6013	
	CERTIFICATION	I (This statement of accoun	t must be c	certified and sig	gned in accordance	ice with Co	opyright Office regulations)	
O Certification	(Own (Agen X (Office • I have examined are true, complete	nt of owner other than corp in line 1 of space B and that	r partnersh oration or p the owner er (if a corpo	hip) I am the ow partnership) I a is not a corpora pration) or a par eclare under pe	vner of the cable sy am the duly authori tition or partnership tner (if a partnersh malty of law that all	ized agent b; or hip) of the I Il statemen		
				an electronic sig			ertify this statement. hn Smith)	
		Typed or prin	ted name:	QUYNH	TRAN			
		Title:			NT & & TREA		1	
		Date:					August 23, 2023	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

unting Period: 2023/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
BLE ONE, INC.	341
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statemen Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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